

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5	1					
6		1				
7		2				
8		2				
9		2				
10	1					
11		1				
12		1				
13	1					
14		1				
15		1				
16	1					
17		1				
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47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	19	←	→	→		
TOTAL CLAIMS	26	←	→	→		

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
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60					
61					
62					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		←	→	→	→
TOTAL CLAIMS		←	→	→	→